



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 24, 2025

Cynthia Nkeng
Tristar Residential Inc.
21311 Mada Ave
Southfield, MI 48075

RE: Application #: AS630418559
Frazer Home
21358 Frazer Ave.
Southfield, MI 48075

Dear Ms. Nkeng:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630418559
Applicant Name:	Tristar Residential Inc.
Applicant Address:	21311 Mada Ave Southfield, MI 48075
Applicant Telephone #:	(248) 836-8987
Administrator/Licensee Designee:	Cynthia Nkeng
Name of Facility:	Frazer Home
Facility Address:	21358 Frazer Ave. Southfield, MI 48075
Facility Telephone #:	(248) 796-9256
Application Date:	05/22/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

05/22/2024	Enrollment
06/05/2024	Contact - Document Received RI030
06/05/2024	Application Incomplete Letter Sent Updated application & 1326, Additional \$45.00 application fee
06/05/2024	Contact - Document Sent Forms sent
07/18/2024	Contact - Document Received Updated application and 1326
07/31/2024	Contact - Document Received Additional Fee Chk#39132013 Amt: \$45.00
08/01/2024	Application Incomplete Letter Sent
09/20/2024	Contact - Document Received Received copy of licensee designee CPR/First aid, copy of lease, deed to the home, proposed budget and policies and procedures.
09/30/2024	Contact - Document Received Received a copy of the floor plan, LD trainings, LD physical and TB, proof of high school diploma, and permission to inspect.
10/10/2024	SC-Application Received - Original
11/20/2024	Inspection Completed On-site
11/20/2024	Inspection Completed-BCAL Sub. Compliance
11/20/2024	Application Complete/On-site Needed
12/19/2024	Inspection Completed On-site
12/19/2024	Inspection Completed-BCAL Full Compliance
12/19/2024	PSOR on Address Completed Hit for a resident who is no longer living at this facility, moved out December 2024.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a one-story ranch style home in Southfield, Michigan. There are four bedrooms and two full bathrooms. The facility consists of a living room, kitchen, dining area, and a laundry room. The facility has two approved means of egress that are equipped with positive-latching and non-locking against egress hardware. The bedroom and bathroom doors are equipped with positive-latching and non-locking against egress hardware. The facility is not wheelchair accessible. The facility has city water and sewage. There is parking available on the street as well as in the driveway of the facility.

The furnace and water heater are located in the same room as the washer and dryer, which is on the same level as the resident's bedroom. The heating plants are enclosed with a solid core door equipped with an automatic self-closing device and positive latching hardware; and a 90-minute fire resistance rating.

There is a fire extinguisher located in the living room. There are smoke detectors located in the dining area and near the bedrooms. The smoke detectors were tested and are working properly. The refrigerator and freezer are equipped with thermometers. The home has a locked cabinet for medications. I observed the home to be in substantial compliance with rules pertaining to physical plant requirements. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser, and closet.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'.75" x 12'.66"	110.8	1
2	12' x 9'	108	1
3	11'.4" x 13'.4"	152.95	2
4	11'.1 x 17'.3"	192.4	2

Total capacity: 6

The living, dining, and sitting room areas measure a total of 325.8 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults who are developmentally disabled, mentally ill or aged in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Oakland Community Health Network as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Tristar Residential Inc, which is a Domestic Profit Corporation established in Michigan, on 10/10/2023. Tristar Residential Inc submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Tristar Residential Inc. have submitted documentation appointing Cynthia Nkeng as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Nkeng. Ms. Nkeng submitted a medical clearance request with statements from a physician documenting good health and current TB negative results.

Ms. Nkeng provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Nkeng has worked as a Direct Care Staff since 2016. She has served as the licensee designee of Five Star Residential Inc (AS630405274) since 10/28/2020. The population served is mentally ill, developmentally disabled, and aged.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1- staff –to- 6-residents per shift. Ms. Nkeng acknowledged that the staff –to- resident ratio will change to reflect any increase in the level of supervision,

protection, or personal care required by the residents. Ms. Nkeng has indicated that direct care staff will be awake during sleeping hours.

Ms. Nkeng acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. Nkeng acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

Ms. Nkeng acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, Ms. Nkeng has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Nkeng acknowledged her responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Nkeng acknowledged her responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Nkeng acknowledged her responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Nkeng acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Nkeng acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Nkeng indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Nkeng acknowledged an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. Nkeng has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Nkeng acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. Ms. Nkeng acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. Nkeng was in compliance with the licensing act and applicable administrative rules at the time of licensure. This home was previously licensed as Five Star Residential Inc (AS630405274) at the time of license issuance there were six residents living in the facility.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).

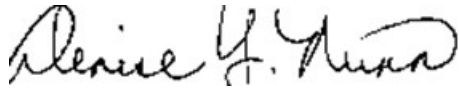


12/26/2024

Johnna Cade
Licensing Consultant

Date

Approved By:



01/24/2025

Denise Y. Nunn
Area Manager

Date